

Incident Report – Volunteers

Please complete all sections of the form. Form needs to be completed by the end of each shift. Report incident to Shelter Coordinator within 24 hours.

Date _____

Persons Involved _____

Volunteer Involved or Present? Yes No If yes, who? _____

Date of incident _____ Time of incident _____

Incident Description
(use the back or attach an additional page if necessary)

Injuries? Yes No

If yes, who was injured and what were their injuries?

How were the injuries treated?

Action taken by Volunteer

Action taken by Staff after receiving Incident Report

Volunteer Signature	Date/Time
Date/Time Received	Shelter Coordinator's Signature
	Date/Time